

"FEE ADDRESS" INDICATION FORM

Address to:
Assistant Commissioner for Patents
Box M. Fee
Washington, D.C. 20231

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:				
<input checked="" type="checkbox"/> Customer Number	51,472	→	Place Customer Number Bar Code Label here	
OR Type Customer Number here				
<input type="checkbox"/> Request for Customer Number (PTO/SB/125) attached hereto				
OR				
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/784,690 (BU3028) Filed 02/23/2004

(check one)

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest
- ☒ Attorney or agent of record 36,520
(Reg. No.)
- ☐ Assignment recorded at Reel _____ Frame _____

/Bruce E. Garlick, 36,520/

Signature

Bruce E. Garlick

Typed or printed name

(512) 264-8816

Customer's telephone number

08/27/2007

Date